



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243**

**TENNESSEE BOARD OF NURSING
615-532-5166 or 1-800-778-4123**

FEEES ARE NON REFUNDABLE

**REGISTERED NURSE FIRST ASSISTANT
INSTRUCTIONS/APPLICATION**

Please allow 4-6 weeks processing time for a license/certificate. If additional information is required you will be notified. It is not necessary to call the Board to check on the status of your application; go to www.tn.gov/health, click on verification.

To apply for Registered Nurse First Assistant (RNFA) Certificate, submit the following:

1. Application. Complete all sections.
2. Affix one (1) recent professional passport type (2½" x 2½") photograph.
 - a) Vending machines, snapshots, ID photographs, or paper photographs are not acceptable.
 - b) Straight on pose including head and shoulders.
 - c) Full legal signature and date on front of photograph - signature must not conceal face, no "nicknames".
 - d) Date the photograph was taken must be no more than six months prior to date of application.
3. Sign affidavit on page 2 in the presence of a Notary Public.
4. Request an official copy of a certificate of completion from a CCI acceptable RNFA program forwarded directly from the school to the Board of Nursing.
5. An official verification of current national specialty CNOR Certification (this will be printed from internet by the Board once your application is reviewed).
6. Declaration of Citizenship (with required documentation). Sign affidavit in the presence of a Notary Public.
7. RNFA CERTIFICATE FEE*
Attach the correct fee in U.S. currency. Check or money order must be made payable to the Tennessee Board of Nursing.

a.	RNFA Certificate Fee	\$100.00
b.	State Regulatory Fee	<u>10.00</u>
		\$110.00

Please allow 4-6 weeks for processing. Please contact the Board if you have not received a notification after six (6) weeks from the date your check has been redeemed by your financial institution.

If you change your address, it is your responsibility to notify this office or change address online at www.tn.gov/health.

If you change your name, you must submit a copy of the legal document that changed your name. Fax to (615) 741-7899.

PASSPORT TYPE
PHOTOGRAPH
NOT TO EXCEED
2 1/2" x 2 1/2"

TAPE PHOTOGRAPH HERE
SIGNED AND DATED
ON THE FRONT BY APPLICANT

Tennessee Board of Nursing
665 Mainstream Drive
Nashville, TN 37243



1707 001-\$100.00
006-\$ 10.00

**FEES ARE NOT
REFUNDABLE**

APPLICATION FOR CERTIFICATE AS A REGISTERED NURSE FIRST ASSISTANT

PLEASE REFER TO INSTRUCTION SHEET WHEN COMPLETING THE APPLICATION; PRINT OR TYPE. ALL QUESTIONS MUST BE COMPLETED.

PART 1 PERSONAL INFORMATION

1. Name _____
Last First Middle Maiden
2. List any other names by which you have been known _____
Last First Middle
3. Social Security Number _____ Telephone Number ____ (____) ____ (____) ____
Home Office
Your social security number may be used to verify your identify and for any other purpose allowed by state of federal law.
4. U.S. Citizenship: ☐ YES ☐ NO All applicants **must** complete the attached Declaration of Citizenship.
5. Date of Birth _____ Gender: ☐ Female ☐ Male
6. Ethnic Group ☐ White ☐ Black ☐ Native American Indian ☐ Asian ☐ Hispanic ☐ Other, Specify _____
7. Mailing Address _____
Street/PO Box City/State/Zip
Physical Address _____
(required if Mailing Address is a PO Box) Street City/State/Zip
8. Do you wish to receive notification, including renewal notification, from the Department of Health via email? ____ Yes ____ No
Email Address _____
9. Tennessee RN License Number _____
If practicing in Tennessee on the multistate privilege, list state and license number _____
10. **PRIMARY STATE OF RESIDENCE**

I declare that my primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principle home for legal purposes and is my domicile. **The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return.** If you indicated another compact state as your primary state of residence, but will be moving to Tennessee and declaring Tennessee as your primary state of residence please indicate:

PART 2 REGISTERED NURSE FIRST ASSISTANT INFORMATION

11. Registered Nurse First Assistant Education

10.1 Name of First Assistant Educational Program and Affiliating School of Nursing _____

Location _____

City

State

Completion Date _____

School of Nursing Accrediting Agency _____

12. Disciplinary Action

11.1 Have you ever had a nursing license (LPN, RN, RNFA or APN) or certification or any other professional license, certificate, privilege or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction?

☐ YES ☐ NO

11.2 If **yes**, please identify the state where the action was originally taken _____ State

13. Are you currently in good physical and mental health? (Include any physical or mental limitations) ☐ Yes ☐ No

If **no**, please explain: _____

14. Conviction of a Crime

13.1 Have you ever been convicted or pled guilty to a misdemeanor or felony other than a minor traffic violation? ☐ Yes ☐ No

If **yes**, please submit a certified copy of the warrant and judgment or conviction documents and evidence of completion of fines, restitution, probation, and a self-letter that describes the circumstances that resulted in arrest and conviction.

13.2 If **yes**, specify date and type of conviction.

Date _____ Type of Conviction _____
Month/Day/Year

AFFIDAVIT

State of _____

County of _____

_____, personally appearing before me, being duly sworn says that _____
NAME OF APPLICAN he/she

is the person referred to in the foregoing application for a certificate as a Registered Nurse First Assistant in the State of Tennessee

that the statements therein contained are true and that _____ has read and understands this affidavit. **I understand**
he/she

that if the processing of this application is not completed, the application becomes null and void one year from date received. I

also understand that falsification of an application is grounds for denial of licensure or discipline against a license.

I hereby authorize release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

Legal Signature of Applicant _____

Sworn to before me this _____ day of _____, 20 _____

Notary Public _____

SEAL

Commission Expires _____

FOR OFFICE USE ONLY

NAME _____

LICENSE NO. _____ **DATE ISSUED** _____



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DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) _____
Healthcare Profession (Please Print) TN License number if applicable

Please Print Legibly

1. Name: _____
Last First Middle Maiden
2. Mailing Address: _____
3. Phone Number: Home: _____ Office: _____ Fax: _____
4. I am a United States Citizen: ____Yes ____No
5. I am a foreign national not physically present in the United States ____Yes ____No. If you answered yes, to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** provide one of the following:
 - a) Tennessee Driver's License, or photo ID issued by Department of Safety.
 - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Safety criteria.
 - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
 - d) A federally issued birth certificate.
 - e) A valid, unexpired U.S. passport.
 - f) A report of birth abroad of a U.S. citizen.
 - g) A certificate of citizenship.
 - h) A certificate of naturalization.
 - i) A U.S. citizen ID card.
 - j) Any successor document to #'s a-i above.
 - k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.
7. If you checked "No" in question 4 please indicate from the list below which category applies to you: (circle one)
 - a) Permanent Residents

- b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).
- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
- e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status— "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

.....
I affirm under the penalty of perjury that the above is true and correct.

Signed this ____ day of _____, 20__.

Signature

Sworn to before me this ____ day of _____, 20__.

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.